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AN ATTEMPT AT ANALYSIS OF THE NEUROTIC CONSTITUTION.

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When considering the etiology of mental disorders we should distinguish the cases in which a person in the height of health and development is taken by a more or less definite illness with mental disturbances, from the cases in which a lingering condition of constitutional or secondary weakness is aggravated by a certain disease.

It is, consequently, desirable to start with a few statements concerning the constitutional defects and chronic subacute and acute states of debility, such as may usher in one of the more definite disease-forms.

Here we meet at once the favorite term of "run-down condition," unfortunately as vague as its therapeutic counterpart, the "tonic" and, let us hope, not an insurmountable difficulty but chiefly a cover for defective determination to make accurate examinations, and a consequence of the exclusive, and perhaps wholesome, interest of modern pathology in specialities which yield more glory with easier and more conclusive work.

A step towards discrimination has long been made by the creation of the concept of *diathesis*, and its broader foundation, the "constitution." Discarded for a long time these matters are being brought back to the notice of the physician by the introduction of more trustworthy methods of study. During a fairly broad course of medicine I never had heard the topic spoken of in the later 80's of the last century, except in allusions to the *habitus phthisicus* and the like, and was really surprised to hear it made the subject of a series of lectures in the course on the practice of medicine by Sir Grainger Stewart in Edinburgh, 1890. He enumerated the classical constitutions and diatheses:

1. The nervous constitution: generally with fair complexion, bright eyes, frequent change of color and facial expression, the

bones and muscles not vigorous; the heart, like the nerves, excitable.

2. The lymphatic constitution: with great head, irregular fleshy face, slow weak pulse, large hands and feet, etc.

3. The sanguinous constitution (Scandinavian race): fair hair, blue or gray eyes, easily flushing face, strong and excitable heart, but no nervousness.

4. The biliary constitution: with a tendency to obesity, dyspepsia, diarrhoea, etc., and melancholia.

Further the gouty, rheumatic, strumous, and syphilitic constitution, etc.

A certain practical justification of such a classification is quite undeniable, and attempts are slowly coming up again in the form especially of two types of study:

1. The individual psychology.

2. The types of functional efficiency, or insufficiency, such as are being established by Kraus and Martius for the heart and stomach.

The problem of immunity, too, gives a few valuable allusions to the question of temporary or fundamental constitution.

In psychiatry and neurology there is especially one type of interest, the psychopathic-neurotic type. It lacks as yet sufficient definition and to analyze it will be one of the first tasks of a conscientious etiology of mental and nervous diseases. Since many individuals of this type belong to families in which a family tendency is present, it is usually dealt with peremptorily under the heading of *heredity* and hereditary statistics seem to dull the interest in a collection of accurate facts although numerous cases occur in which no heredity is demonstrable. The confusion has even been increased by the popularization of the term "degeneracy," which is used promiscuously with heredity and individual deterioration. The principle of heredity and degeneracy had, however, better not occupy us before we have made a good investigation of what abnormal constitutions we can recognize in the individuals called nervous or exposed to nervous and mental disorders.

Types of persons are difficult to define. Once for all we should give up the idea of classifying them as we classify plants. We deal with a sum of items of which each can vary; whereas

botanical classification only mentions the differential traits which would make sure that a seed of the plant would again grow into the species of plant which is thus distinguished. The issue of species is settled by the laws of heredity, while the varieties of people must be classed according to different principles. *The best medical standard is that of adequate or efficient function.* Martius has pointed out that concerning the function of the stomach we can recognize types with permanent constitutional deficiencies; Krauss has made the functional efficiency of the heart a standard for types of circulatory constitution. And in a similar way we classify people for their efficiency in those mental adaptations which we know to become actually deranged, the emotional sphere, the equilibrium of reason, or for their susceptibility to febrile delirium, alcoholic intoxication, effects of sexual excesses, etc. Further, we put forth as types of "constitutional inferiority" in the psychiatric sense certain forms of special nosological or symptomatic traits.

In the process of emancipation from traditional and untenable views of man, an iconoclastic attitude towards all attempts at practical characterology and theories of constitution was probably the only safe procedure. The existence of special types is nevertheless obvious to common sense, and when we feel the need for a practical utilization of such data, it would be wrong to deny one's self the privilege of taking them for what they are worth. The call of warning "back to morphology," or "back to what can be studied with mathematical, physical, and chemical accuracy," has its good sense and value; but since, in practical life, we know and speak of types, there is no harm in attempting to come to an agreement as to just what is to be understood by them. Physiology and psychology and anthropology have attempted it with their own specific problems; we physicians have our own, and while we deplore the lack of medically helpful material in the existing literature of individual psychology, we need not be discouraged, and shall do well to use our own methods and needs as our guides.

The purpose of characterology is to give a forecast of what a person would do in a considerable variety of emergencies. As alienists, we shall especially have to try and find out whether persons show any combinations of reactions which would make

them in our eyes candidates for mental derangement, or which would modify the form of mental derangement which they might happen to get.

Of late years the herculean task of defining characters has been taken up from several sides. Fr. Paulhan necessarily makes his classes from several points of view, just as we are forced to do for the questions of heredity. I mention his divisions because they will be of some help as an explanation of why we consider the task far from hopeless. He recognizes the plurality of lines of efficiency or defect in the same individual, because various functions are to be considered and many types of combination are possible. We can only mention the large headings of his book "Les Caractères."

Paulhan starts with the types produced by the predominance of one special form of activity. He analyzes them according to various types of association, *i. e.*, various ways in which the streams of interest and activity shape themselves. He starts from the well-balanced, and the harmoniously purposive; passes to the types in which inhibition and reflection predominate (those who are "masters of themselves"); then to a type of great interest to us, that in which associations by contrast abound, persons who inevitably think of that which is not, that which is different, that which might be, instead of acting in the healthy common-sense way on that which is before them and leaving the contrasts as a matter understood, or of value when there is a special cause for considering them. He calls these types "the uneasy," "the nervous," "the contrary." Another type, also of importance for us, is that characterized by predominance of association by contact and resemblance, that is persons in whom the inner interests are not the chief guides of their activity. What they meet accidentally while they are doing other things, becomes permanently fixed in their memory, such as conditions under which they read a book or hear some music ; while they pursue something, they notice other matters and divide their attention and may even drift completely from their topic. Where this trait is predominant, the feature of distractibility is apt to influence the course of life considerably, and there results the last type from the point of view of association and characterized by an independent activity of mental

elements, the impulsive, the variable and compound, the incoherent (of as it were crumbly interests); finally the suggestible, the weak, the distracted. We might make a scale in which the individual with relatively steady plans stands at the top and is followed by those less dependent on themselves, and more and more easily influenced, until we reach those types in which the cohesion of personality is very slight, and the person is a prey to circumstances.

Another division is that according to the definite qualities of tendencies and mind, considering the breadth of personality,—the broad and the narrow; or considering the purity of the tendency,—the calm and the troubled; considering the strength,—the passionate and the enterprising and the hesitant; considering the persistence,—the energetic, obstinate and constant; and on the other hand,—the weak and changeable; from the point of view of adaptability—the pliable, the inconsiderate and the unadaptable, and from the point of view of sensitiveness,—the wide-awake and impressionable, and the cold and phlegmatic.

In the second part of the book Paulhan distinguishes the types determined by the predominance or absence of some tendencies: in the first place, those tendencies which refer to an organic appetite, the types of the high-liver and the sober; those sexually excitable or cold. Then from the point of view of mental functions: those principally visual or auditory or gustatory, or principally motor; further the intellectual, the emotional. Then he passes to the types determined by social tendencies: the egotists and altruists; and types in whom love or friendship or family affection is predominant. Then those types whose interests go mostly in the direction of communities, or of the national feelings. Then he puts together types with predominance of impersonal tendencies, the worldly, the professional; then with regard to property,—the miser, economist, the generous, and prodigal. Then the vain, the proud; those eager for fame. Then the domineering, the ambitious, the submissive and other types; and finally as compounds of these special types,—the happy, and those enjoying themselves; and on the other hand, the pessimist and those denying themselves. Moreover he speaks of tendencies which stand above the social relations, the

general idea of duty; types of political passion and of religious interest, mysticism, etc.

In the third part, he shows how these various elements co-operate in the constitution of the individual.

This brief summary may induce the reader to study Paulhan's work as an attempt to bring some order into complex facts. It is obviously our duty to develop along similar lines some definite descriptive entities for the characterization of those features which lead over to the directly odd or abnormal character.

We start from the truism that *a large number of those who become insane, are individuals in whom a turn to the worse could be anticipated*. Are the indications open to any sort of analysis? The retrospective method of analysis is the only one available now in the majority of cases. Perhaps, among intelligent and observing families, it can be pushed much further than is actually done. Moreover, when we know better what to look out for, we may undertake studies of *developing abnormalities* which are not insanity yet and follow them out so as to accumulate material of *actual observation* on which to build a solid theory of constitution.

Kraepelin in his *Psychologische Arbeiten*, Vol. I, p. 78, mentions, that it is probable that the mental constitution of the neurasthenic, the hysterical, the paranoic and the maniacal-depressive is different from the very start; but he does not tell us of the actual distinctions. He expects them from his method of biological tests. We certainly must do something to outgrow the stage at which "degeneracy" is considered a sufficient verdict instead of being shown up as a block in the way of much needed knowledge.

The development of man is not a simultaneous evolution of all the traits of the complete adult, but one function after another comes to maturity, and as a rule there is an uneven development. Nobody is perfect in every respect. The special organs which make up the human cell-colony and the uniting links of all these organs, the circulatory apparatus and the nervous system, may all demand special tests of efficiency, as has been shown by Krauss for the heart. Each apparatus may have its ups and downs, or actual defects, and even show a more or less final tendency to deterioration, either from defective endow-

ment or through defective chances in life. The biotrophic energy or vitality of *each* organ should be determined in order to arrive at a summing up of the constitution of the entire person.

It is obvious that there is no limit of time for the development of traits which would have to be laid to the individual endowment. A child that appeared normal may show failure in coping with puberty, and a perfectly well balanced and healthy person may show premature senile reduction, and we *may* find this to be a peculiarity of the family. In some children we may be able to trace the abnormal development to harmful surroundings, such as acquisition of abnormal habits, to defective nutrition in periods of growth, to a disease or traumatism; in the arteriosclerotic senile we may be able to point to alcoholism, nicotism, physical over-work, etc., in the absence of all family tendency. Hence the rule that we shall first outline the facts in the case and analyze the positive causal factors *before* we assent to a negative conclusion, such as the admission of an unknown and undemonstrable agent, as heredity, is all important. It is obvious that a really satisfactory analysis is only achieved where we can point to specific factors which caused the deviation from the normal, with something like experimental necessity. Although a large number of cases will not be open to explanation, we speak provisionally of heredity, when we see a disorder occur several times in a family. But this provisional statement is all we should imply by heredity in medical language. Moreover, where we find peculiarities of make-up we must remember that many of them must be ranked as normal and do not lead to further trouble, except, perhaps indirectly through the clashing with the environment; while other peculiarities are beginnings or agents of the undermining of the make-up and would interest us more.

In our analysis we shall now try to establish some differentiation in order to get over the extremely unsatisfactory haziness of terms like degenerate, neurotic, etc. We shall try to distinguish certain groups; but we must submit all these cases to the question: Do we deal with persons in whom some incidental affection of the brain or malnutrition during development or constitutional disturbances, like rickets, or poor educational

conditions, has produced that state of affairs which has left scars or residuals and stamps the person as one maimed in various directions by more or less different causes, and for such reasons left with an inadequate material for development and the strain of life? Or do we deal with persons in whom, with or without such residuals from early development, there are present and still in operation various vitiating influences, such as disease, anomalies of constitutional metabolism, abnormal toxic or sexual habits, an inadequate and unsatisfying life, etc.?

With this in view, we have to review first the various stages of development.

Constitutional defects from infancy are very frequent and manifold. Those defects which lead ultimately to dependence are naturally most important and best known. They are classed as idiocy and imbecility (feeble-mindedness). The best available statistics (in Switzerland) show that 1.53% of all the children between 7 and 14 belong in this category. The marked forms need not occupy us. They present a tremendous field, since imbecility includes the results of everything that can possibly leave traces in the pathology of the nervous system and mind during infancy. In all these disorders we must, of course, be prepared to see beside the functions demonstrably impaired from childhood, defective evolution of functions which should have matured later and may have been affected in the bud, and it is quite conceivable that certain peculiarities of development in later life might be due to alterations brought about in undeveloped stages, where the existing functions appeared to recover completely. This might hold for the effects of asphyxia, infantile convulsions, disorders of teething and early nutrition, traumatisms. The number in whom actual facts are demonstrable is small and apt to discourage one; but what is obtained is all the more valuable in the struggle against fatalism.

The constitutional development of the *child* is of greater importance for us. Many cases of imbecility begin to show here, but moreover a large group of poorly known and poorly differentiated types of peculiarities which, without doubt, play an important part in the abnormal constitutions of later years. Poor habits of sleep with fearful dreams, somnambulism,

emotionalism, idiosyncrasies, irritability, being startled and unbalanced easily, distractibility are often complained of. The nervous child may show from the start or gradually the more specific traits of the epileptic constitution, of the hysterical, the neurasthenic, etc., which we pass over, because they are more apt to appear later.

Puberty and adolescence are the decisive period for the formation of the make-up and for the cropping out of many defects (see Marro, *La Pubertà*, and Clouston, *Neuroses of Development*). Here we should deal with many types usually left to the pedagogue; but I refer only to the following traits: The normal youth develops an individuality with personal aims. A large number of young people remain children of the moment, distractible, swayed by desires and casual opportunities, showing flashes of enthusiasm and emotional display, but without cohesion or sound plan and consistency.

Another extreme is the prematurely and one-sidedly conscientious. In this type there is frequently a furor for abstract matters, exalted religious and moral standards in marked contrast with the actual immaturity of the conduct in the frequently precocious sexual development; periods of fantastic day-dreams and perhaps lying; an increasing isolation and aloofness from chances of wholesome correction by intercourse with the average companions of their age, combined with a keen eye for the faults of others; a clinging to older persons and isolation in matters in which the youthful instincts are deficient or abnormal, such as interest in games, and in sociability. The intercourse with older people and the great interest in words and books rather than actual experience often give these young people an apparent start as compared with the average of their age, and many parents have been children so little themselves that they overlook the danger. It is among these persons that the lack of normal balance is especially apt to lead to the appearance of overburdening, of overwork, and all those traits which mark the legion of nervous people of to-day. Irritability, outbreaks of temper, erratic and unaccountable actions break through; or the young persons become too good for the world, seclusive, fault-finding with themselves and with their brothers and sisters. They become as egotistical in actions

as they may be altruistic in words or in public. Interests in perfectly remote religious and philosophical matters do not make up for the defect in that which is most important, the adaptability to life as it is, with a healthy independence. Very often a decided change along these lines shows itself with or shortly after puberty. The connection with often quite precocious abnormal sexual practices is exceedingly frequent. They are a very aggravating factor, as they increase secretiveness, morbidly imaginative cravings and many signs of nervous exhaustibility. The danger awaiting the inconsistent easy-going is more often that towards social dissipations in alcohol and venery and their consequences; and that awaiting the exalted seclusive, the development into neurasthenic, hypochondriacal and dementia-præcox types; while hysteria, psychastenia, and epilepsy appear on somewhat more independent ground. Various peculiarities not necessarily combined with nervousness appear, but more usually in later life.

From the general picture of nervousness we now should attempt to select and discriminate certain types and especially to define certain names and distinctions:

1. The psychasthenic. This is a term lately applied by Janet to a group of psychopathic and neurotic conditions which comprehends obsessions, impulsions, manias, phobias, scruples, tics, states of anxiety, etc. These states also figure under the term of constitutional neurasthenia, but are not necessarily connected with the truly neurasthenic complex. The ground of these disorders is a special type of character; these persons are aboulic, undecided, hesitating, timid, not combative, not able to take the world as it is, idealistic, longing for love and kindness, and, correspondingly, with ways that solicit a kindly and just attitude; they are misunderstood and meek; easily led or misled; they need stimulation and are apt to yield without decision, notwithstanding their usually superior intelligence and vivid imagination. This leads to a life given to avoiding troubles, decision and action. The child avoids active plays and is perhaps encouraged by solicitous parents; the choice of occupation is away from the trying struggle. The young man or woman shirks responsibilities, is passive in questions of marriage and choice of work. New situations, a threat, or a joke,

examinations, new religious duties, or some emotional shock prove too much, and bring forth the symptom-complexes so well described by Janet.

2. The neurasthenic, closely allied to the above. The term should be reserved for the cases combining the symptoms of great exhaustibility and irritability, depending largely on the mental attitude of lack of repose and of ready recoverability, frequent head-pressure, palpitation and uneasiness of the heart, gastric disorders, phosphaturia and oxaluria, and in men especially, often abnormality of sexual responsiveness. It is necessary to distinguish acute forms following exhaustion or infectious diseases in persons without hereditary or constitutional defect, the subacute and chronic forms or habit-neurasthenias frequently without heredity, and the chronic constitutional type, said to be to a large extent familial. It is frequently associated with the psychasthenic type. It may be well to specify cerebrasthenia, myelasthenia, gastro-intestinal neurasthenia, vaso-motor and sexual neurasthenia.

3. Frequently associated with other traits of nervousness, we meet with *hypochondriasis*, usually built on a feeling of ill-health which leads to self-observation and explanations. These are apt to become the center of thought and interest, are elaborated, or the person merely is troubled with vain fears over trifles, consults quack literature, etc. On the whole, the impressions are apt to become dominating.

4. The hysterical constitution.

Dana gives a picture of the simple hysterical constitution as consisting of crises of an emotional character and an interparoxysmal condition of emotional weakness, nervousness, hyperesthesia and pains in the head or back, poor sleep, disagreeable dreams, globus, and vasomotor instability. These patients are mostly girls or young women, unduly sensitive, depressed, easily alarmed; they feel nervous, lack emotional control. It is rather difficult to say whether these forms are necessarily hysterical, and not better classed vaguely as nervous instability, until some characteristically hysterical symptoms occur.

Ziehen limits the hysterical constitution to emotional instability, egocentricity, craving for attention, peculiar predilections, disorders of imagination and attention (fantastic insta-

bility). He refers to sensory symptoms, regional, or referring to special objects; and to peculiar illusions and hallucinations of vision (hypnagogic or with open eyes) following emotional episodes or accompanying headache; usually with insight and without loss of memory.

To start with we must discard the popular use of the term hysterical as not sufficiently coincident with the nosological term. It is to be replaced by statements of the actual symptoms, such as emotionalism, or simulation or exaggeration, or craving of attention, which may or may not be hysterical and had best be called by their plain name. I am inclined to refer to hysteria all the mental and physical disorders which are produced by the effects of an emotion or idea which may work unconsciously to the patient, so that the simulation claimed by others is usually beyond the control of the patient and the whole explanation best accessible in hypnosis. On close investigation it usually is possible to see the foundation of the varied disorders in a peculiar limitation of the field of consciousness, and range of thought, frequently with additional exhaustibility, and the existence of emotional trauma or instability.

These disorders appear either on a broad constitutional basis—perpetuation and one-sided elaboration of traits inherited or acquired during the years of development—or they come with some other disease—hemiplegia, tabes, etc., or after some sudden shock. Many of the same symptoms may also occur in other grave constitutional or other disorders, without being plainly on hysterical ground (as it were, symptomatic hysteria).

5. The epileptic constitution manifests itself largely before or after the convulsions in signs which might be called part of the fit; Ziehen mentions, as a form of aura, hallucinations such as a threat or a stab, or the vision of a huge figure, or anxiety with precordial sensations, or the recurrence without motive of some vivid memory. In the intervals there is a certain *irritability* with occasional violent outbreaks regardless of consequences, or peculiar unwarranted sulkiness or periodic dipsomania. Later there is an increasing defect in mental capacity.

6. Of much more importance to alienists are certain types already akin to definite mental derangements. I refer to:

a: The unresistive (responding easily to fever, to intoxication).

b: The maniacal-depressive type, described by Hecker, and the constitutionally depressed—to be distinguished from the neurasthenic by the more direct feeling of insufficiency, not secondary to exhaustibility, and more likely to lead to suicide, and by the occurrence of periods of elation.

c: The paranoiac type, continually ready to see a meaning in things, suspicious, and at the same time with growing inclination to isolation. These persons are continually concerned with what other people may think; they further attribute intentions to indifferent actions of others, more and more without judgment or attempt at verification of their suspicions.

d: The deterioration type. In cases of dementia præcox we find over and over an account of frequently perfectly exemplary childhood, but a gradual change in the period of emancipation. Close investigation shows, however, often that the exemplary child was exemplary under a rather inadequate ideal, an example of goodness and meekness rather than of strength and determination, with a tendency to keep to the good in order to avoid fights and struggles. Later religious interest may become very vivid, but also largely in form; a certain disconnection of thought, unaccountable whims make their appearance, and deficient control in matters of ethics and judgment; at home irritability shows itself, often wrapped up in moralizing about the easy-going life of brothers and sisters; sensitiveness to allusions to pleasures, health, etc., drive the patient into seclusion. Headaches, freaky appetite, general malaise, hypochondriacal complaints about the heart, etc., unsteadiness of occupation and inefficiency, day dreaming, and utterly immature philosophizing, and above all, loss of directive energy and initiative without obvious cause, such as well-founded preoccupations, except the inefficient application to actuality. All these traits may be transient, but are usually not mere "neurasthenia," but the beginning of a deterioration, more and more marked by indifference in the emotional life and ambitions, and a peculiar fragmentary type of attention, with all the transitions to the apathetic state of terminal dementia.

Just as the traditional theories of temperaments or constitu-

tions have served in a system of pathology of the past, such an attempt as the one offered here must rise and fall with its empirical usefulness. It seems to me to have several points in its favor. It aims at definitions of a nosological character, etiological as far as is warranted by the facts and stimulating in the direction of more precision in etiological investigation; yet at the same time careful to remain on the safe ground of clinical description. It is open to many supplements, and it will be an especially grateful task to push the inquiry of individual make-up along the lines of changes of constitutional make-up due to traumatism, to toxic influences, to sexual insufficiency, to the prevalence of certain thought-habits (especially the estrangement with actuality in the form of occultism), and under the influence of the period of involution and senescence.

It must, of course, be our ambition gradually to reduce the types of constitution to entities produced by definite conditions instead of simply classing them in a descriptive way. There will, however, always remain a residuum which resists etiological classification. Yet even there we must not be too easily tempted to turn to the problems of heredity and generation before we have made a thorough search of the patient's own life.